

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42005

Registration District No. 278

Primary Registration District No. 4222

Registrar's No.

1. PLACE OF DEATH:

- (a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: See Hospital U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 38 years years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE KIRBY

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife W. B. Kirby 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased April 3 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 17 hr. min.9. Birthplace Howard County, Missouri (City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business Farming12. Name Williamson Banning13. Birthplace Chariton County, Ohio (City, town, or county) (State or foreign country)14. Maiden name Laura Agnes Sewell15. Birthplace Boone County, Kentucky (City, town, or county) (State or foreign country)16. (a) Informant's own signature T. P. Banning

(b) Address

17. (a) Amstrong, Missouri Dec. 22, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation at Church, Armstrong, Mo18. (a) Signature of funeral director A. H. Oldham(b) Address Amstrong, Mo19. (a) 12-31-41 (Date received local registrar) (b) Arthur G. Banning (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1941 hour 8:12 minute P. M.21. I hereby certify that I attended the deceased from 12-14-41 to 12-20-41, 1941.
that I last saw her alive on 12-20-41 and that death occurred on the date and hour stated above.Immediate cause of death Toxic Thyroiditis Duration 6 mo

Due to

Due to

Other conditions myocarditis 2 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 938

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. B. Bloom (M. D. or other) 1.5
Address Fayette, Mo Date signed 12-31-41

RECEIVED

Health Officer No. 8,

1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

A. H. Aldaker

Registered Apprentice No. *1667*

working under my personal supervision.

Signed *A. H. Aldaker*

Licensed Embalmer No. *1667*

P. O. Address *Amherst, Mass*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.